

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90008 050 ***558.75

0063104 AV

DOCUMENT # P990000098065

1. Entity Name
CEXPROM USA, CORP.

Principal Place of Business

**10856 NW 27 ST
 MIAMI FL 33172**

Mailing Address

**10856 NW 27 ST
 SUITE 300
 MIAMI FL 33172**

No Suite #



2. Principal Place of Business

10856 NW 27 ST
 Suite, Apt. #, etc.

3. Mailing Address

10856 NW 27 ST
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLA

City & State

MIAMI FLA

4. FEI Number

65-0959527

Applied For

Not Applicable

Zip

Country

33172 USA

Zip

Country

33172 USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERNANDEZ, EDUARDO
 501 BRICKELL KEY DRIVE
 SUITE 400
 MIAMI FL 33131**

Name

LILLIAM RAYON

Street Address (P.O. Box Number is Not Acceptable)

300 ARAGON AVE #300

City

CORAL GABLES

FL

Zip Code

33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Lilliam Rayon

8-5-01

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

☒

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution.

☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **TRESPALACIOS, OSCAR**
 STREET ADDRESS **10856 NW 27 ST**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **UGHETTI, CARLOS MARIO**
 STREET ADDRESS **10856 NW 27 ST**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. **8-5-01** **224-9144**
 Date Daytime Phone #

CR2E034 (5/01)